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PTO/SB/21 (08-00)

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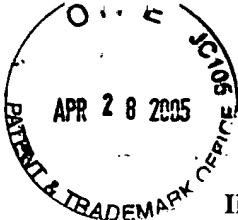
<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">RECEIVED</div> <div style="text-align: center;"> <p style="font-size: 1.2em; font-weight: bold;">TRANSMITTAL FORM</p> <p style="font-size: 0.8em;">(to be used for all correspondence after initial filing)</p> </div> </div> <p style="font-size: 0.8em; margin-top: 5px;">APR 28 2005</p>	<b>Application Number</b>	10/780/844
	<b>Filing Date</b>	2/18/2004
	<b>First Named Inventor</b>	Backes
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	Not yet known
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	160-012

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	<i>Mary Steubing</i>
Date	4/26/05

CERTIFICATE OF MAILING OR FACSIMILE			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:			
Type or printed name	Christine M. Morrisette		
Signature	<i>Christine M. Morrisette</i>	Date	4-26-05

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Backes	Group Art Unit:  Examiner:
Serial No.: 10/780,844	
Filed: 2/18/2004	
Title: Transmission Channel Selection Method	
Attorney Docket No.: 160-012	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

This Information Disclosure Statement is submitted before mailing date of first office action on the merits.

Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313.

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Typed Name: Christine M. Morrisette

Signature: Christine M. Morrisette

Respectfully submitted,

Mary Steubing  
Mary Steubing, Reg. No. 37,946  
Attorney/Agent for Applicant(s)  
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Date: 4/26/05

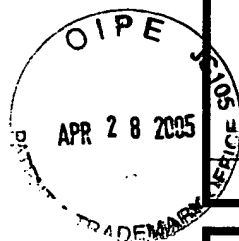
Telephone No.: 978-264-6664

**Complete if Known**

*(use as many sheets as necessary)*

Sheet	1	of	1
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<b>Application Number</b>	10/780,844
<b>Filing Date</b>	2/18/2004
<b>First Named Inventor</b>	Backes
<b>Art Unit</b>	
<b>Examiner Name</b>	Not yet known
<b>Attorney Docket Number</b>	160-012

[illegible][illegible]Date  
Considered

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